South Dakota Board of Nursing
South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

GREAT FACES. GREAT PLACES.

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for *Re-Approval* of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: __Maryhouse__

Name of Primary Instructor: __Brenda Engbrecht, RN__

Address: __717 E. Dakota Ave__
__Pierre, SD 57501__

Phone Number: __605-224-3163__   Fax Number: __605-224-3430__

E-mail Address of Faculty: __Brenda Engbrecht__

1. Request re-approval using the following approved curriculum(s):
    - ☐ SD Behavioral Health / Mental Health Facilities (Only for agencies certified through the SD Department of Social Services)
    - ☐ Nebraska Health Care Association
    - ☒ We Care Online
    - ☐ Sorrentino & Remmert (2009), Mosby's Textbook for Medication Assistants

2. List faculty and licensure information: *For new RN faculty: 1) attach resume/work history with evidence of minimum 2 years clinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.*

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (completed by SDBON)
Rose Anderson, RN	SD	R034729	12-10-12	3-19-12
Connie Pierce, RN	SD	R016690	9-22-13	3-19-12
Nicole Molseed, RN	SD	R030609	4-3-18 14	3-19-12
Brenda Engbrecht, RN	SD	R034698	9-22-13 8-21-12	3-12-12

3. Complete evaluation of the curriculum / program: *(Explain 'No' responses on a separate sheet of paper.)*

Standard	Yes	No
1. Each person enrolled in your program had a high school diploma or the equivalent.	✔	
2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours.	✔	
3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting	✔	
4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.	✔	
5. Each student's performance was documented using the SD clinical skills checklist form.	✔	
6. You maintain records using the Enrolled Student Log(s) form.	✔	

RN Faculty Signature: __Brindall__   Date: __2/23/12__

This section to be completed by the South Dakota Board of Nursing

Date Application Received: 2-27-12	Date Notice Sent to Institution:
Date Application Approved: 3-19-12	Application Denied. Reason:
Expiration Date of Approval: 4-3-14	
Board Representative: Diane Josephs	

2/8/12